

State of Connecticut COMMISSION ON FIRE PREVENTION AND CONTROL

HAZMAT/WMD - AWARENESS/OPERATIONAL

Application for Certification

Please **PRINT** all information legibly as it will appear on your permanent records. Both the trainer & trainee must complete this entire application prior to submission.

APPLICANT DATA

Last name	Firs	First name			MI			
Home Street Address								
Town			State		Zip Code			
Telephone Home ()	Work ()		Cell ()				
Fire Department Name:								
Fire Department City/Town:								
Firefighter (Check One):	Email Address:							
Career Volunteer								
ID No. of the		Your ID number consists of the <u>first (3) letters of your last name</u> and <u>the last four (4) numbers of your social security number.</u>						
ID Number		Example: John Adams - SS # 000-00-5555						
	Т	The new ID # will be ADA-5555						
By my signature, I acknowledge that, per S have 12 months from the date of the Lead signature on this application to complete a Examination components required for this		Applicant Signature						
EXAMINATION DATA								
Type of Examination (Check One) (Applicants may apply for both types of examinations on a single application) The Certification Division <u>must</u> receive applications a minimum of 10 days prior to the requested examination date. Late applications will not be accepted								
Written Examination Date		Practical Examin	Practical Examination Date					
Examination Location		Examination Loc	Examination Location					
\$15.00 application fee. Please check type of payment below:								
Cash Check-please indicate ch	neck # and date)	Purchase order		e or Calendar Cla uded in tuition)	iss			
By my signature below, I certify that the above information is true and correct to the best of my knowledge and that I will be at least 18 years of age on the date of the examination. I understand that intentionally making a false statement on this application will result in revocation of certification.								
Applicant's Signature				Date				

Remit completed application and fee to:

Commission on Fire Prevention and Control 34 Perimeter Road, Windsor Locks, CT 06096-1069

Name: FFID#:

HAZMAT/WMD - AWARENESS/OPERATIONAL - NFPA Standard 472 Compliance

Training Program Completion									
All objectives of NFPA Standard 472, Chapters 4, 5 and 6 must be addressed by an approved training methodology prior to acceptance into the certification testing process. Check methodology used below:									
	Compliance Method 1 - Successful completion of a Connecticut Fire Academy HMWMD Awareness/Operational training program								
	Compliance Method 2 - Successful completion of a Connecticut Regional Fire School HMWMD Awareness/Operational training program								
Compliance Method 3 - Submission of a National Board on Fire Service Professional Qualifications, Inc. or International Fire Service Accreditation Congress accredited HMWMD Awareness/Operational accredited certificate (must include all competencies)									
Compliance Method 4 - Individual training or educational program (Prior CFPC approval required)									
Training Program Location Date program completed									
NFPA	472,	Chapters 4, 5 and 6 Objectives	Instructo	or Signature	Date Completed				
4.2.1 4.2.2 4.2.3 4.4.1 4.4.2		Awareness							
5.5		CORE							
	-	Mission Specific Responsibilities	Instructor	Signature	Date Completed				
		Personal Protective Equipment							
6.1.1.1		Mass Decontamination							
		Technical Decontamination							
		Evidence Preservation and Sampling							
		Product Control							
		Air Monitoring and Sampling							
		Victim Rescue/Recovery							
		Illicit Laboratory Incidents							
Practio	cal Sk	cills Evaluation Sheets							
Each candidate for Hazmat/WMD - Awareness/Operational Certification must be provided with, exposed to, and evaluated on all Hazmat/WMD - Awareness/Operational Practical Skills Evaluation Sheets in preparation for Certification Testing. The Candidate's initials in this Section acknowledge receipt of a copy of all Hazmat/WMD - Awareness/Operational Skills Evaluation Sheets.									
I hereby acknowledge receipt of the Hazmat/WMD – Awareness/Operational Practical Skills Evaluation Sheets Candidate in					tials:				
We the undersigned, do hereby certify that all psychomotor skills as required in NFPA Standard 472, Chapters 4, 5 and 6, 2008 edition, will have been satisfactorily performed and evaluated by the certified instructor whose signature appears below by the time of the Practical Skills Examination. It is understood that a skills evaluation will be administered by a representative of the Connecticut Commission on Fire Prevention and Control prior to granting of Certification. Date Psychomotor Skills will be satisfactorily performed and Evaluated:									
Hazmat/WMD - Awareness/Operational Certification Candidate Signature Date									
Lead Instructor Printed Name					Telephone Number				
Lead Instructor Signature					Date				